

Demographic Reporting Form

Individual – Quarterly Totals

Positive Alternatives

Dates: ~~7/1/17 - 9/30/17~~ Grantee Name: ~~Women's Life Care Center~~

1. Client Age Range:

| Under 15 | 15-17 | 18-19 | 20-24 | 25-29 | 30-34 | 35+ | Unknown age |
|----------|-------|-------|-------|-------|-------|-----|-------------|
| 0 | 1 | 2 | 4 | 4 | 6 | 5 | 5 |

2. Client Pregnancy Status:

| 1st Trimester | 2nd Trimester | 3rd Trimester | Post-partum | Pregnancy Status Unknown | Other (Father or Grandparent) |
|---------------|---------------|---------------|-------------|--------------------------|-------------------------------|
| 5 | 3 | 7 | 6 | 5 | 1 |

3. Client Marital Status:

| Married | Not Married | Marital Status Unknown |
|---------|-------------|------------------------|
| 14 | 9 | 4 |

4. Client Race:

| Race: White | Race: African American | Race: African-American | Race: American Indian | Race: Asian Pacific | Race: Other/ Multi Race | Race: Unknown |
|-------------|------------------------|------------------------|-----------------------|---------------------|-------------------------|---------------|
| 7 | 8 | 0 | 0 | 9 | 0 | 3 |

5. Client Ethnicity:

| Hispanic Ethnicity: Yes | Hispanic Ethnicity: No | Ethnicity: Unknown |
|-------------------------|------------------------|--------------------|
| 3 | 22 | 2 |

6. Client Type:

| Mother | Father | Grandparent | Other |
|--------|--------|-------------|-------|
| 26 | 0 | 1 | 0 |